

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ESAFund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 04</div> <div><small>D D D</small> 11</div> <div><small>Y Y Y Y Y Y</small> 2016</div> </div>	

Full Name of Payee Norway Hill Associates, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 04</div><div><small>D D D</small> 11</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>	
Mailing Address 30 Norway Hill Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">24562.50</div>	
City Hancock	State NH	Zip Code 03449	Transaction ID : SE.6488 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small></div><div><small>D D D</small></div><div><small>Y Y Y Y Y Y</small></div></div>
Purpose of Expenditure direct voter contact/direct marketing		Category/ Type	
Name of Federal Candidate Kelly A. Ayotte		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Norway Hill Associates, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 04</div><div><small>D D D</small> 11</div><div><small>Y Y Y Y Y Y</small> 2016</div></div>	
Mailing Address 30 Norway Hill Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8187.50</div>	
City Hancock	State NH	Zip Code 03449	Transaction ID : SE.6492 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small></div><div><small>D D D</small></div><div><small>Y Y Y Y Y Y</small></div></div>
Purpose of Expenditure direct voter contact/direct marketing		Category/ Type	
Name of Federal Candidate Margaret Wood Hassan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">32750.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Date

M M M
05

D D D
04

Y Y Y Y Y Y
2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ESAFund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 04 / 11 / 2016</div> </div>	

Full Name of Payee Targeted Victory		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 03 / 14 / 2016</div></div>	
Mailing Address 1033 N. Fairfax Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">175.00</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6493 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small></div></div>
Purpose of Expenditure online advertising		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate Kelly A. Ayotte		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Targeted Victory		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 04 / 11 / 2016</div></div>	
Mailing Address 1033 N. Fairfax Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">175.00</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6495 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small></div></div>
Purpose of Expenditure online advertising		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate Kelly A. Ayotte		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">350.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">33100.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2016

Signature